			LifeClive	FEE DETERM October 1; 2	003	ECORD	Application of the state of the	ion or Doci	ket Number	
		CLAIMS AS FILED - PART I					1/0/	608	1319	
	TOTAL (TOTAL CLAIMS		(Column 2)		TYPE	L ENTITY	OR SI	THER THAN	
	FOR			NUMBER FILED NUM		RAT		<u> </u>	ATE FEE	
	TOTAL CHARGEABLE CLAIMS			3 ninus 20=	NUMBER EXTR	BASIC	FEE 385.00	OR BAS	C FEE 770.00	
		IDEPENDENT CLAIMS		minus 2 -	(2)	X\$ 9	=	OR XS	18= -	
	MULTIPLE DEPENDENT CLAIM PE		AIM PRESE	PRESENT		X43	=	OR X8	6= _	
-	• If the difference in column 1 is less than zero, enter "0" in column 2					+145	=	ORI +29	0=	
-		CLAIMS AS AMENDED - PART II			u in column 2	TOTA		OR TOT		
Ir	(Column 1) (Column 2) (Column 3)					2) SALALI	OTHER THAN			
			ING	NUMBER PRESENT		7	ADDI-	OR SMA	LL ENTITY	
AMENDIA	E Total	AMENDM	ENT	PREVIOUS PAID FOI	SLY EVTO	RATE	TIONAL FEE	RATI		
	Independ	ent .	Minus Minus	-20	=	X\$ 9=	1	OR X\$18	FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					. X43=		-		
	Sav obtain						7	~ 	+/	
	(C-1)					+145= TOTAL ADDIT, FEE	 / 	P +290=	1/	
8		(Column CLAIMS REMAINING		(Column 2	(Column 3)		<u> </u>	ADDIT, FE	E	
AMENDMENT		AFTER AMENDMEN	1	NUMBER PREVIOUSLY	PRESENT	RATE	ADDI- TIONAL		ADDI-	
Q	Total	•	Minus .	PAID FOR	=		FEE	PATE	TIONAL FEE	
AME	Independen	1	Minus	024		X\$ 9=	OF	X\$18=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43= OR X86=										
	•					+145=	OR	+290=		
-, -		(Column 1)		(Column 2)		ADDIT, FEE	OR	TOTAL ADDIT FEE		
		CLAIMS REMAINING AFTER		HIGHEST NUMBER	(Column 3)					
<u> </u>	otal	AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE TI	DDI- ONAL	RATE	ADDI- TIONAL	
·	dependent	ļ	Minus	**	= .	X\$ 9=	EE		FEE	
1		NTATION OF MI	Minus	PENDENT CLAIM	=	X43=	OR	X\$18=		
							OR	X86=		
		nn 1 is less than the nber Previously Painber Previously Pai		+145=	OR	+290=				
The	Highest Numi	per Previously Paid	d For' IN THIS For' (Total or I	SPACE is less than SPACE is less than modependent) is the h	3, enter 3.	ODIT. FEE	OR AL	TOTAL DDIT. FEE		